FI	in this inf	ormation to iden	tify your	case:			4 - 1 - 4			
10.100000000000000000000000000000000000	otor 1	James P					- Control and analysis of the control and the			
Del	otor 2	First Name		Middle Name		Last Name				
	use if, filing)	First Name		Middle Name		Last Name				
Uni	ted States	Bankruptcy Cour	t for the:	EASTERN DIST	RICT OF WISC	CONSIN				
1	se number nown)	20-27842-be	h					_	Check if this is an amended filing	
Su Be a	mmary as complet rmation. F	te and accurate	ssets as possib	ole. If two married es first; then com	people are fili plete the infor	ng together, both a mation on this form		ble for sup	12/15 oplying correct hedules after you fil	е
-		• •		new <i>Summary</i> and	d check the bo	ox at the top of this	page.			
Ea	Sun	nmarize Your As	sets					30,000	our assets alue of what you own	
1.	Schedul- 1a. Copy	e A/B: Property line 55, Total rea	(Official F	orm 106A/B) rom Schedule A/B				\$	0.	.00
	1b. Copy	line 62, Total per	rsonal pro	perty, from Schedu	le A/B			\$	28,630.	.00
	1c. Copy	line 63, Total of a	all propert	y on Schedule A/B.				\$	28,630.	.00
Par	t2: Sun	nmarize Your Lia	abilities							
							,	2007-960	our liabilities mount you owe	
2.	Schedule 2a. Copy	D: Creditors What the total you liste	o Have C ed in Colu	laims Secured by P mn A, Amount of cl	Property (Officia aim, at the bott	ll Form 106D) om of the last page o	of Part 1 of Schedule	D \$	45,005.	.00
3.	Schedule 3a. Copy	E/F: Creditors W	<i>Vho Have</i> from Part	<i>Unsecured Claims</i> 1 (priority unsecure	(Official Form 1 ed claims) from	106E/F) line 6e of <i>Schedule</i> :	E/F	\$	0.	.00
	3b. Copy	the total claims	from Part	2 (nonpriority unse	cured claims) fi	rom line 6j of Schedu	ıle E/F	\$	313,415.	.05
							Your total liabi	lities \$	358,420.05	<u> </u>
y conse				_			- <u>- '</u>			14
Par	Sun	nmarize Your Ind	come and	Expenses						
4.	Schedule Copy you	e <i>I:</i> Your Income (ur combined mont	Official Fo hly incom	orm 106I) e from line 12 of Sc	chedule I		:	\$	2,236.	30
5.	Schedule Copy you	J: Your Expense or monthly expens	es (Official ses from li	Form 106J) ne 22c of <i>Schedule</i>	J			\$	1,902.	00
Par	14: Ans	wer These Ques	tions for	Administrative an	d Statistical F	Records				
6.	-			er Chapters 7, 11, on this part of the t		s box and submit this	s form to the court wi	th your othe	er schedules.	
7.	Yes What kin	d of debt do you	ı have?							
						e those "incurred by atistical purposes. 28	an individual primaril U.S.C. § 159.	y for a pers	sonal, family, or	4
		r debts are not p			You have nothi	ng to report on this p	eart of the form. Chec	k this box a	and submit this form to	3
Offi	cial Form 1	•			d Liabilities ar	nd Certain Statistica	al Information		page 1 of 2	

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3. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

2,646.20

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Tota	claim	
9a. Domestic support obligations (Copy line 6a.)	\$_		0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$_		0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$_	-	0.00
9d. Student loans. (Copy line 6f.)	\$		0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$_	÷	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$		0.00
9g. Total. Add lines 9a through 9f.	\$		0.00

260		rani in zveni stati				
Fillin	this info	rmation to identify you	a stern multiplication of Action 1 1 to Secure and Experiences			
Debto	or 1	James P Wagne	r, Sr. Middle Name	Last Name		
Debto	or 2	riistiyaile	Middle Name	Last Name		
l	e, if filing)	First Name	Middle Name	Last Name		
United	d States E	Sankruptcy Court for the:	EASTERN DISTRICT OF	WISCONSIN		

Case	number	20-27842-beh				2 Onlook is also to als
						amended filing
O 551		4004/5				
		orm 106A/B				
Scl	hedu	le A/B: Pro	perty			12/15
think it informa	t fits best.	Be as complete and accur ore space is needed, attac	rate as possible. If two marrie	d people are filing together, both	n one category, list the asset in th n are equally responsible for supp ages, write your name and case n	lying correct
Part 1	Describ	e Each Residence, Buildir	ng, Land, or Other Real Estate	You Own or Have an Interest In		
1. Do y	you own o	r have any legal or equitat	ole interest in any residence, b	ouilding, land, or similar property	1?	
- ·						
	No. Go to P					
LJY	es. Where	e is the property?	•			
Part 2	Describ	e Your Vehicles				•
someo	one else d	rives. If you lease a vehi		lle G: Executory Contracts and	stered or not? Include any vehi I Unexpired Leases.	cles you own that
	No					**
	Yes					
	. 00				and the control of the annual registers and the	and the second s
3.1	Make: Model:	BMW 740 LI XDRIVE seda		est in the property? Check one	Do not deduct secured clain the amount of any secured of Creditors Who Have Claims	claims on Schedule D:
	Year:	2014	Debtor 2 only		Current value of the	Current value of the
			0,000	ebtor 2 only	entire property?	portion you own?
i	Other info	ormation:	At least one of	the debtors and another		
			☐ Check if this is (see instructions)	s community property	\$10,000.00	\$10,000.00
3.2	Make:	BMW	Who has an intere	est in the property? Check one	Do not deduct secured claim	claims on Schedule D:
	Model:	328	Debtor 1 only		Creditors Who Have Claims	Secured by Property.
	Year:	2013	Debtor 2 only			Current value of the
			5,000 Debtor 1 and D		entire property?	portion you own?
Γ	Other info	ormation:	☐ At least one of	the debtors and another		
			☐ Check if this is (see instructions)	s community property	\$4,000.00	\$4,000.00

Official Form 106A/B

Schedule A/B: Property

page 1

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^{*} On December 27, 2020, Debtor learned that he may have a 1/7 interest in his residence. He is investigating but will not be able to amend his schedules and still meet the filing deadline. He will amend schedules to accurately reflect his ownership.

Debtor 1 James P Wagn	er, Sr.		Case number (if known) 20-	27842-beh
3.3 Make: BMW Model: X5 Year: 2013 Approximate mileage: Other information: Repossessed	90000	Who has an interest in the property? Check one Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another	the amount of any secur Creditors Who Have Cla Current value of the entire property?	laims or exemptions, Put ed claims on Schedule D: ims Secured by Property. Current value of the portion you own?
		☐ Check if this is community property (see instructions)	\$12,000.00	\$12,000.00
		ther recreational vehicles, other vehicles raft, fishing vessels, snowmobiles, motorcy		
		or all of your entries from Part 2, includin		\$26,000.00
Part 3: Describe Your Persona	l and Household Items			
Do you own or have any legans. Household goods and furing Examples: Major appliance □ No	nishings	st in any of the following items? na, kitchenware		Current value of the portion you own? Do not deduct secured claims or exemptions.
Yes. Describe				
F	Refrigerator			\$10.00
<u> </u>	Wine Refrigerator			\$10.00
	radios; audio, video, s ones, cameras, medi	stereo, and digital equipment; computers, p a players, games	rinters, scanners; music collect	ions; electronic devices
Yes. Describe				
F	r.v.			\$10.00
	urines; paintings, prin s, memorabilia, collect	ts, or other artwork; books, pictures, or othe ibles	er art objects; stamp, coin, or ba	aseball card collections;
■ No □ Yes. Describe				•
Equipment for sports and Examples: Sports, photogra musical instrum	aphic, exercise, and o	her hobby equipment; bicycles, pool tables	, golf clubs, skis; canoes and k	ayaks; carpentry tools;
■ No □ Yes. Describe	ento			
0. Firearms Examples: Pistols, rifles, s ■ No	hotguns, ammunition,	and related equipment		
☐ Yes. Describe				

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Official Form 106A/B

Schedule A/B: Property

page 2

Debtor 1 James P Wa	gner, Sr.		Case number (if known)	20-27842-beh
11. Clothes Examples: Everyday clo □ No ■ Yes. Describe	othes, furs, leather coats, des	signer wear, shoes, accessories		
	Wearing Apparel			\$500.00
12. Jewelry Examples: Everyday je No Yes. Describe	welry, costume jewelry, enga	gement rings, wedding rings, heirlod	om jewelry, watches, gems, ç	gold, silver
13. Non-farm animals Examples: Dogs, cats, No Yes, Describe	birds, horses			
	·	not already list, including any he	alth aids you did not list	
		Part 3, including any entries for pa	iges you have attached	\$530.00
16. Cash Examples: Money you I No	egal or equitable interest in	ome, in a safe deposit box, and on h	nand when you file your petiti	Current value of the portion you own? Do not deduct secured claims or exemptions.
17. Deposits of money Examples: Checking, so		ounts; certificates of deposit; shares s with the same institution, list each.		houses, and other similar
Yes		Institution name:		
	17.1. Checking	Chase Bank		\$100.00
■ No □ Yes	investment accounts with br	okerage firms, money market account name: orated and unincorporated busin		stin an IIC nartnevekin sed
joint venture	ock and interests in incorp	orated and unincorporated busin	esses, including an interes	t in an LLC, partnersnip, and
■ Yes. Give specific infe	ormation about them Name of entity:		% of ownership:	
	Dr. Wagner's South (former spouse awarelations proceeding	arded 50% in domestic	%	\$0.00
	T-Vision USA, LLC		100%	\$0.00
Official Form 106A/B Software Copyright (c) 1996-2018 Bes	st Case, LLC - www.bestcase.com	Schedule A/B: Property		page 3 Best Case Bankruptcy

Debtor 1	James P Wagner, Sr.		Case number (if know	n) 20-27842-beh
	T-Vision/PY S (Paraguayan		%	\$0.00
Nego	tiable instruments include personal chec	er negotiable and non-negotiable instrume cks, cashiers' checks, promissory notes, and r nnot transfer to someone by signing or deliver	money orders.	
■ No □ Yes	. Give specific information about them Issuer name:			
	ment or pension accounts sples: Interests in IRA, ERISA, Keogh, 4	01(k), 403(b), thrift savings accounts, or other	r pension or profit-shari	ng plans
Yes	. List each account separately. Type of account:	Institution name:		
		WEA 401(k) (Wisconsin Ed Association)	ducation	\$2,000.00
Your Exam	rity deposits and prepayments share of all unused deposits you have r oples: Agreements with landlords, prepa	nade so that you may continue service or use id rent, public utilities (electric, gas, water), tel	from a company lecommunications com	panies, or others
■ No □ Yes		Institution name or individual:		
23. Annu i ■ No	ities (A contract for a periodic payment	of money to you, either for life or for a number	r of years)	
	lssuer name and descri	ption.		
26 U.S	sts in an education IRA, in an accoun i.C. §§ 530(b)(1), 529A(b), and 529(b)(1	t in a qualified ABLE program, or under a c).	qualified state tuition	program.
■ No □ Yes	lnstitution name and de	scription. Separately file the records of any int	terests.11 U.S.C. § 521	(c):
25. Trusts ■ No	s, equitable or future interests in pro	perty (other than anything listed in line 1), a	and rights or powers	exercisable for your benefit
☐ Yes	. Give specific information about them.			
	ts, copyrights, trademarks, trade sec aples: Internet domain names, websites	rets, and other intellectual property proceeds from royalties and licensing agreen	ments	
	. Give specific information about them.			
	Over time optometry not been v	Debtor conceived an algorithm in con That algorithm is owned by T-Vision alidated.	nnection with n USA, LLC. It has	\$0.00
Exam ■ No		es, cooperative association holdings, liquor lic	enses, professional lice	anses .
☐ Yes	. Give specific information about them.			
Money or	property owed to you?			Current value of the portion you own? Do not deduct secured claims or exemptions.

Official Form 106A/B

Schedule A/B: Property

page 4

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De	ebtor 1	James P Wagner, Sr.	Case number (if known)	20-27842-beh
28.	Tax ref	funds owed to you		
	■ No			
	∐ Yes.	Give specific information about them, including whether you already	filed the returns and the tax years	
20	Family	support		
20.		oles: Past due or lump sum alimony, spousal support, child support, r	naintenance, divorce settlement, property se	ettlement
	■ No			
	⊔ Yes.	Give specific information		
30.		amounts someone owes you oles: Unpaid wages, disability insurance payments, disability benefits benefits; unpaid loans you made to someone else	, sick pay, vacation pay, workers' compens:	ation, Social Security
	☐ Yes.	Give specific information		
31.		ets in insurance policies oles: Health, disability, or life insurance; health savings account (HSA	ນ); credit, homeowner's, or renter's insurance	9
	☐ Yes.	Name the insurance company of each policy and list its value. Company name:	Beneficiary:	Surrender or refund value:
32.	If you	terest in property that is due you from someone who has died are the beneficiary of a living trust, expect proceeds from a life insurance has died.	unce policy, or are currently entitled to receiv	e property because
	☐ Yes.	Give specific information		
33.	Examp ■ No	against third parties, whether or not you have filed a lawsuit or oles: Accidents, employment disputes, insurance claims, or rights to a Describe each claim		
34.	■ No	contingent and unliquidated claims of every nature, including co	ounterclaims of the debtor and rights to s	et off claims
35.	. Any fir □ No	nancial assets you did not already list		
	Yes.	Give specific information		
		Timeshare interest in Clev Mo	NA.	\$0.00
		Timeshare interest in Ciev Mo	inta	40.00
36		he dollar value of all of your entries from Part 4, including any e art 4. Write that number here		\$2,100.00
Pa	n 5: De	scribe Any Business-Related Property You Own or Have an Interest In. L	ist any real estate in Part 1.	•
7-3-5	-50, 504, 5	own or have any legal or equitable interest in any business-related prope		
	•	to Part 6.	rty r	
ı	Yes. C	So to line 38.		
Pa		scribe Any Farm- and Commercial Fishing-Related Property You Own or ou own or have an interest in farmland, list it in Part 1.	Have an Interest In.	·
46.	■ No.	own or have any legal or equitable interest in any farm- or com	mercial fishing-related property?	
		. Go to line 47.		4
Off	icial Forn	n 106A/B Schedule A/B: Prope	erty	page 5

Best Case Bankruptcy

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Official Form 106A/B

Schedule A/B: Property

page 6

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63. Total of all property on Schedule A/B. Add line 55 + line 62

Best Case Bankruptcy

\$28,630.00

Fill in this infor	mation to Identify your	case:		
Debtor 1	James P Wagner,			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba				
Case number (if known)	20-27842-beh			☐ Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

	he applicable statutory amount.	ie value of the propert	.y 13 u	otominou to exocou mat amoun	i, your exemption would be inition	
Ł	rt 1: Identify the Property You Claim as I	Exempt			,	
١.	Which set of exemptions are you claiming	? Check one only, eve	n if yo	ur spouse is filing with you.		
	☐ You are claiming state and federal nonbar	nkruptcy exemptions.	11 U.S	S.C. § 522(b)(3)		
	You are claiming federal exemptions. 11	U.S.C. § 522(b)(2)			Tr.	
2.	For any property you list on Schedule A/B	that you claim as exe	mpt,	fill in the information below.	•	
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own		ount of the exemption you claim	Specific laws that allow exemption	
		Copy the value from Schedule A/B	Check only one box for each exemption.			
	2013 BMW 328 75,000 miles Line from <i>Schedule A/B</i> : 3.2	\$4,000.00		\$4,000.00	11 U.S.C. § 522(d)(2)	
	Line from Schedule AVB: 3.2			100% of fair market value, up to any applicable statutory limit		
	Refrigerator	\$10.00		\$10.00	11 U.S.C. § 522(d)(3)	
	Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit		
	Wine Refrigerator Line from Schedule A/B: 6.2	\$10.00		\$10.00	11 U.S.C. § 522(d)(3)	
				100% of fair market value, up to any applicable statutory limit		
	T.V.	\$10.00		\$10.00	11 U.S.C. § 522(d)(3)	
	Line from Schedule A/B: 7.1			100% of fair market value, up to any applicable statutory limit		
	Wearing Apparel	\$500.00		\$500.00	11 U.S.C. § 522(d)(3)	
	Line from Schedule A/B: 11.1			100% of fair market value, up to any applicable statutory limit		

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 1 of 2

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Debtor 1	James P wagner, Sr.		Case number (ii known)	20-27042-Dell		
	of description of the property and line on edule A/B that lists this property	Current value of the Amount of the exemption you claim portion you own		Specific laws that allow exemption		
		Copy the value from Schedule A/B	Che	eck only one box for each exemplion.		
	ecking: Chase Bank e from <i>Schedule A/B</i> : 17.1	\$100.00		\$225.00	11 U.S.C. § 522(d)(5)	
LIN	e IIOIII Schedule A/B. 17-1		100% of fair market value, up to any applicable statutory limit			
	EA 401(k) (Wisconsin Education	\$2,000.00		\$2,000.00	11 U.S.C. § 522(d)(12)	
	sociation) e from Schedule A/B: 21.1			100% of fair market value, up to any applicable statutory limit		
	e you claiming a homestead exemption bject to adjustment on 4/01/19 and every No Yes. Did you acquire the property cove No Yes	3 years after that for ca	ases f			

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 2 of 2

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Fill in this information to identify you	r.casa:			
Fill the tille illerination to pentry you				
Debtor 1 James P Wagne	r, Sr. Middle Name Last Name			
Debtor 2 (Spouse if, filing) First Name	Middle Name Last Name			
United States Bankruptcy Court for the:	EASTERN DISTRICT OF WISCONSIN			
Case number 20-27842-beh			Chock	if this is an
(if known)				ed filing
Official Form 106D				
	Who Have Claims Secure	ed by Propert	У	12/15
Be as complete and accurate as possible. Is needed, copy the Additional Page, fill it on number (if known).	If two married people are filing together, both are but, number the entries, and attach it to this form.	equally responsible for su On the top of any additio	upplying correct informat nal pages, write your nar	ion. If more space ne and case
1. Do any creditors have claims secured by	your property?			
☐ No. Check this box and submit the	his form to the court with your other schedules.	You have nothing else t	o report on this form.	
Yes. Fill in all of the information	below.			
Part 1: List All Secured Claims				
2. List all secured claims. If a creditor has r for each claim. If more than one creditor has much as possible, list the claims in alphabeti	more than one secured claim, list the creditor separate a particular claim, list the other creditors in Part 2. As cal order according to the creditor's name.	ely Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1 Alphera Financial Services	Describe the property that secures the claim:	\$20,000.00	\$10,000.00	\$10,000.00
Creditor's Name	2014 BMW 740 LI XDRIVE sedan 160,000 miles			
PO Box 3608 Dublin, OH 43016	As of the date you file, the claim is: Check all that apply. Contingent			
Number, Street, City, State & Zip Code	☐ Unliquidated ☐ Disputed			•
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
■ Debtor 1 only □ Debtor 2 only	☐ An agreement you made (such as mortgage or car loan)	secured		
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien)			
At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a	Other (including a right to offset)			
community debt				
Date debt was incurred	Last 4 digits of account number			
2.2 Connuexus Credit Union	Describe the property that secures the claim:	\$7,200.00	\$4,000.00	\$3,200.00
Creditor's Name	2013 BMW 328 75,000 miles			
PO Box 21488	As of the date you file, the claim is: Check all that			
Tampa, FL 33622	apply. □ Contingent		•	
Number, Street, City, State & Zip Code	☐ Unliquidated			
	☐ Disputed			
Who owes the debt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only	An agreement you made (such as mortgage or car loan)	secured		
Debtor 2 only	•			
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's lien) ☐ Judgment lien from a lawsuit			
☐ At least one of the debtors and another ☐ Check if this claim relates to a community debt	Other (including a right to offset)			
Date debt was incurred	Last 4 digits of account number			

Official Form 106D Schedule D: Creditors Who Have Claims Secured by Property

page 1 of 2

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Debtor 1 James P Wagner, Sr.		Case number (if know)	20-27842-beh	
First Name Middle N	ame Last Name			
2.3 Mechanics Bank	Describe the property that secures the claim:	\$17,805.00	\$12,000.00	\$5,805.00
Creditor's Name	2013 BMW X5 90000 miles Repossessed			
PO Box 98541 Las Vegas, NV 89193	As of the date you file, the claim is: Check all that apply.	I		
Number, Street, City, State & Zip Code	☐ Unliquidated			
Who owes the debt? Check one.	☐ Disputed Nature of lien. Check all that apply.			
■ Debtor 1 only □ Debtor 2 only	An agreement you made (such as mortgage or car loan)	secured	•	
☐ Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, mechanic's lien)			
\square At least one of the debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim relates to a community debt	☐ Other (including a right to offset)			
Date debt was incurred	Last 4 digits of account number			
Add the dollar value of your entries in C If this is the last page of your form, add Write that number here:	column A on this page. Write that number here: the dollar value totals from all pages.	\$45,008 \$45,008		
Part 2: List Others to Be Notified for	or a Debt That You Already Listed			TV salad Kalendaria (1986). V P
trying to collect from you for a debt you co	be notified about your bankruptcy for a debt that your to someone else, list the creditor in Part 1, and t you listed in Part 1, list the additional creditors hals page.	d then list the collection ag	ency here. Similarly, if yo	u have more
Name, Number, Street, City, State & Mechanics Bank	Zip Code On v	vhich line in Part 1 did you en	ter the creditor? 2.3	
PO Box 25085 Santa Ana, CA 92799-5085	Last	4 digits of account number	_	

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

page 2 of 2

Fill in this information	to identify your o	ase:						
	mes P Wagner,	Sr. Middle Nam	e Last Nam	18				
Debtor 2								
(Spouse if, filing) First	Name	Middle Nam	ne Last Nam	16				
United States Bankrupt	cy Court for the:	EASTERN DI	STRICT OF WISCONSIN					
Case number 20-278	842-beh					:		
(if known)							Check if this amended fil	
Official Form 10	6E/F							
Schedule E/F: 0	Creditors W	ho Have l	Jnsecured Claim	S			1	2/15
Schedule G: Executory Co Schedule D: Creditors Wh left. Attach the Continuati- name and case number (if	ontracts and Unexp o Have Claims Sec on Page to this pag	ired Leases (Offi ured by Property e. If you have no	in a claim. Also list execute clal Form 106G). Do not incl. If more space is needed, coinformation to report in a P	ude any credi opy the Part y	tors with partiall ou need, fill it ou	y secured cla it, number the	ims that are lis entries in the	ted in boxes on the
1. Do any creditors hav			***************************************					
☐ No. Go to Part 2.			•					
Yes.								
possible, list the claims Part 1. If more than on	s in alphabetical orde e creditor holds a pa	er according to the articular claim, list	I nonpriority amounts, list that creditor's name. If you have r the other creditors in Part 3. s for this form in the instruction	nore than two _l า booklet.)	I show both priorit priority unsecured Total claim	y and nonprior claims, fill out Priority amount	the Continuation	much as on Page of opriority ount
2.1 Stella C. Wag		Las	t 4 digits of account number		\$0.0	00	\$0.00	\$0.00
Priority Creditor's c/o Schiller D LLP	DuCanto and Fl	eck,		(amounts uncompt	s utable and in			
100 N. Field I Lake Forest,	Drive, Suite 160 IL 60045	Who	en was the debt incurred?	dispute)				
Number Street Ci			of the date you file, the clain	is: Check all	that apply			
Who incurred the d	ebt? Check one.		Contingent					
Debtor 1 only			Jnliquidated					
Debtor 2 only			Disputed			,		
☐ Debtor 1 and Deb	•		e of PRIORITY unsecured cl	aim:				
_	e debtors and anothe	`	Domestic support obligations	•				
∐ Check if this cla Is the claim subject			Taxes and certain other debts Claims for death or personal ir					
No	to onset:		·					
☐Yes		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Officer, Specify			,		
Part 2: List All of Ye	our NONPRIORIT	Y Unsecured C	Claims					
3. Do any creditors hav				`				
			6 - 41 41 41	schedules				
☐ No. You have noth	ing to report in this p	art. Submit this fo	rm to the court with your other	concautos.				
☐ No. You have noth	ing to report in this p	art. Submit this fo	rm to the court with your other	odiloddioo.				
Yes. 4. List all of your nonprunsecured claim, list the	iority unsecured cla	aims in the alpha ofor each claim. F	the to the count with your other betical order of the creditor or each claim listed, identify w ors in Parl 3.If you have more	who holds ea hat type of clai	im it is. Do not list	claims alread	y included in Pa	rt 1. If more

Schedule E/F: Creditors Who Have Unsecured Claims

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50074

Debtor '	James P Wagner, Sr.	Case number (if know) 20-27842-beh	
4.1	Batzner Pest Control	Last 4 digits of account number	Unknown
	Nonpriority Creditor's Name 16948 W Victor Rd New Berlin, WI 53151	When was the debt incurred?	
_	Number Street City State ZIp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	. <u> </u>	
	Debtor 1 only	Contingent	
	Debtor 2 only	Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim: ☐ Student loans	
	☐ Check if this claim is for a community debt	Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts	
	■ No	, , , , , , , , , , , , , , , , , , , ,	
	Yes	Other. Specify	
4.2	Brain Power America, Inc. Nonpriority Creditor's Name	Last 4 digits of account number	Unknown
	P.O. Box 559501 Miami, FL 33255	When was the debt incurred?	
-	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	2	
	in tes	Other, Specify	<u> </u>
4.3	Chase Sapphire Reserve Nonpriority Creditor's Name	Last 4 digits of account number 5628	\$18,217.42
	Cardmember Service PO Box 1423	When was the debt incurred? Over time	
-	Charlotte, NC 28201 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim: ☐ Student loans	
	Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	☐Yes	■ Other. Specify Credit Card Debt	

Schedule E/F: Creditors Who Have Unsecured Claims

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Debte	or 1 James P Wagner, Sr.	Case number (if know) 20-2784	42-beh
4.4	Chase Sapphire Reserve Nonpriority Creditor's Name	Last 4 digits of account number 3064	\$19,894.38
	Cardmember Service PO Box 6294	When was the debt incurred? Over time	·
	Carol Stream, IL 60197 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did report as priority claims	not
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Credit Card Debt	
4.5	Clark & Steiner, Ltd.	Last 4 digits of account number	\$25,000.00
	Nonpriority Creditor's Name 560 Oakwood Avenue, #101 Lake Forest, IL 60045	When was the debt incurred? Over time	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	□ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did report as priority claims	not
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Attorney Fees	<u></u>
4.6	CooperVision, Inc.	Last 4 digits of account number	\$4,000.00
	Nonpriority Creditor's Name P.O. Box 145409 Cincinnati, OH 45250	When was the debt incurred? over time	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	□ Debtor 2 only	□ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did report as priority claims	not
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify	

Schedule E/F: Creditors Who Have Unsecured Claims

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Debtor	1 James P Wagner, Sr.	Case number (if know) 20-27842-beh	
4.7	CRB Auto	Last 4 digits of account number	\$17,000.00
	Nonpriority Creditor's Name P.O. Box 98451	When was the debt incurred? over time	
	Las Vegas, NV 89193 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim: ☐ Student loans	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.8	Dell Financial Services Nonpriority Creditor's Name	Last 4 digits of account number	\$2,000.00
	P.O. Box 5275	When was the debt incurred? over time	
	Carol Stream, IL 60197 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the dam is. One of all that apply	
	Debtor 1 only	. Contingent	
	Debtor 2 only	□ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.9	Elavon	Last 4 digits of account number	\$4,000.00
	Nonpriority Creditor's Name P.O. Box 9599	When was the debt incurred? over time	
	Knoxville, TN 37940		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	□ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes		
	L 163	Other. Specify	

Schedule E/F: Creditors Who Have Unsecured Claims

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	Unknow
Last 4 digits of account number	
When was the debt incurred?	
As of the date you file, the claim is: Check all that apply	
☐ Contingent	
☐ Unliquidated	
☐ Disputed	
\square Debts to pension or profit-sharing plans, and other similar debts	
Other. Specify	
Last 4 digits of account number	Unknov
When was the debt incurred?	
As of the date you file, the claim is: Check all that apply	
☐ Contingent	
☐ Unliquidated	
☐ Disputed	
☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
\square Debts to pension or profit-sharing plans, and other similar debts	
■ Other. Specify	. *
Last 4 digits of account number	\$103,948.0
When was the debt incurred? 8/2018 thru 2/2019	· · ·
As of the date you file, the claim is: Check all that apply	
☐ Contingent	
☐ Unliquidated	
Disputed	
Type of NONPRIORITY unsecured claim:	
☐ Student loans	
Obligations arising out of a separation agreement or divorce that you did not	
• • •	
Other. Specify Attorney Fees	
	As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profil-sharing plans, and other similar debts Other. Specify

Schedule E/F: Creditors Who Have Unsecured Claims

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Debt	or 1 James P Wagner, Sr.	Case number (if know) 20-27842-beh	
4.1 3	Jerome Marvin Kaplan	Last 4 digits of account number	\$1,800.00
	Nonpriority Creditor's Name 10024 Skokie Blvd., Suite 237 Skokie, IL 60077	When was the debt incurred? 2018	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Attorney Fees	
4.1 4	Lake Forest Club	Last 4 digits of account number	\$16,000.00
	Nonpriority Creditor's Name		
	554 N. Westmoreland Road Lake Forest, IL 60045	When was the debt incurred? over time	,
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	, , , , , , , , , , , , , , , , , , ,	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Club Dues	:
4.1 5	Laramy-K Optical, Inc.	Last 4 digits of account number	\$15,195.60
	Nonpriority Creditor's Name 1107 E. Hillcrest	When was the debt incurred?	
	Indianola, IA 50125 Number Street City State ZIp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
		П	
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent	
	-	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another	☐ Disputed Type of NONPRIORITY unsecured claim:	
	_	☐ Student loans	•
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes		
	∟ res	Other. Specify Judgment for Money	

Schedule E/F: Creditors Who Have Unsecured Claims

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Debtor	1 James P Wagner, Sr.	Case number (if know) 20-27842-beh	
4.1 6	LEAF	Last 4 digits of account number	\$5,000.00
	Nonpriority Creditor's Name P.O. Box 5066 Hartford, CT 06102	When was the debt incurred?	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent ☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? ■ No	□ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Medical equipment and supplies	
4.1	Northwestern Medicine Nonpriority Creditor's Name	Last 4 digits of account number 5558	\$53,358.98
	PO Box 4090 Carol Stream, IL 60197 Number Street City State Zlp Code Who incurred the debt? Check one.	When was the debt incurred? As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent ☐ Unliquidated	
•	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Medical supplies	
4.1	Reeve Lanham	Last 4 digits of account number	\$28,000.00
	Nonpriority Creditor's Name 2 Pine Tuck Trail River Woods, IL 60045	When was the debt incurred? 2020	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent ☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt	☐ Disputed Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset? ■ No	report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Loan	

Schedule E/F: Creditors Who Have Unsecured Claims

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Debtor	1 James P Wagner, Sr.	Cas	e number (if know)	20-27842-beh				
4.1 9	Schiller Ducanto & Fleck, LLP	Last 4 digits of account number			Unknown			
	Nonpriority Creditor's Name 200 N. LaSalle Street 30th Floor	When was the debt incurred? 20	19 and 2020					
	Chicago, IL 60601 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Ch	neck all that apply					
	■ Debtor 1 only							
	Debtor 2 only							
	Debtor 1 and Debtor 2 only	■ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured clai	m:					
	☐ Check if this claim is for a community	☐ Student loans						
	debt Is the claim subject to offset?	Obligations arising out of a separation report as priority claims	n agreement or divorce t	hat you did not				
	□ No	Debts to pension or profit-sharing plan	ns, and other similar del	ots .				
	■ Yes	Other. Specify Spouse's Attor	ney Fees		ı			
4.2 0	Southridge Limited Partnership	Last 4 digits of account number			Unknown			
	Nonpriority Creditor's Name c/o M.S. Management Associates,							
	Inc. 225 W. Washington Street Indianapolis, IN 46204 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Ch	neck all that apply					
	☐ Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	Debtor 1 and Debtor 2 only	☐ Disputed						
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim	m:					
	☐ Check if this claim is for a community debt	Student loans						
	Is the claim subject to offset?	☐ Obligations arising out of a separation report as priority claims	hat you did not					
	■ No	☐ Debts to pension or profit-sharing plan	ns, and other similar del	ots				
	☐Yes	■ Other. Specify Guarantee of R						
4.2 1	The Commerical Collection Corp of NY Nonpriority Creditor's Name	Last 4 digits of account number		***************************************	Unknown			
	34 Seymour St Tonawanda, NY 14150	When was the debt incurred?						
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply						
	Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only	☐ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim		•				
	☐ Check if this claim is for a community	☐ Student loans						
	debt Is the claim subject to offset?	Obligations arising out of a separation report as priority claims	hat you did not					
	■ No	Debts to pension or profit-sharing plan	fit-sharing plans, and other similar debts					
	☐ Yes	Other. Specify						

Schedule E/F: Creditors Who Have Unsecured Claims

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Total claims from Part 2

	•		•	0.00
6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
			igna, sas	Total Claim
6f.	Student loans	6f.	\$	0.00
6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	313,415.05
6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	313,415.05

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

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haranessa.	N. N. S. Berlinstein			Antan al anton al vincia de la compansión de la compansió		Element
FIIII	ı this info	ormation to Identify your	case:			
Debt	or 1	James P Wagner	, Sr.			
		First Name	Middle N	lame	Last Name	
Debt (Spour	or 2 se if, filing)	First Name	Middle N	lame	Last Name	_
Unite	d Staton I	Ponkruntov Court for the	EASTEDN	DISTRICT OF WISC	ONGIN	
Office	u States i	Bankruptcy Court for the:	EASTERN	DISTRICT OF WISC	ONSIN	
	number	20-27842-beh				
(if kno	vn)					☐ Check if this is an
L						amended filing
Off	<u>cial F</u>	<u>orm 106G</u>				
Scl	redul	e G: Executor	y Contra	acts and U	nexpired Leases	12/15
inforr	nation. If		opy the addit	ional page, fill it or		esponsible for supplying correct ach it to this page. On the top of any
	-	ave any executory contra	•			
_	_				chedules. You have nothing els	
ı	اس Yes. Fil	ll in all of the information b	elow even if th	e contacts of leases	are listed on Schedule A/B:Prop	perty (Official Form 106 A/B).
•	xample,					what each contract or lease is for (for for more examples of executory contracts
14545		SARANSA SARAN		valatialialia (assinola).		Nako Antonio (1880) kwa Makawa Indonesia akao milindaka makao A
	Person o	r company with whom y			State what the contract or	lease is for
2.1	an marangan ka	Name, Number, Street, City	, State and ZIF Co	ue sa persona a compara de la	The sale of the section of the first of the sale of th	
	Name			•		•
	Number	Street				
	City		State	ZIP Code		
2.2						
	Name					
	Number	Street			AMERICAN STATE OF THE STATE OF	
			.,			
2.3	City		State	ZIP Code		
	Name			***************************************		
	Number	Street				
	City		State	ZIP Code		
2.4						
	Name					
	Number	Street			_	
		Ç11001				
2 =	City		State	ZIP Code		
2.5	Name					
	Number	Street				
	City		State	ZIP Code	december of the second	
	UILY		Jiaio	Zii Gode		

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

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			Selection (1970) and the contraction of the selection of	
Fill in this	information to identify your	case:		
Debtor 1	James P Wagner			
Debtor 2	First Name	Middle Name	Last Name	
(Spouse if, filin	g) First Name	Middle Name	Last Name	
United Stat	es Bankruptcy Court for the:	EASTERN DISTRICT OF	WISCONSIN	
Case numb	per 20-27842-beh			·
(if known)				☐ Check if this is an amended filing
Official	Form 106H			
Sched	ule H: Your Cod	ebtors		12/15
fill it out, ar your name		boxes on the left. Attach i . Answer every question.	the Additional Page to t	If more space is needed, copy the Additional Page, his page. On the top of any Additional Pages, write a codebtor.
	you have any codebtors? (ii)	you are many a joint case, ut	o not hat enner apouse as	a codebior.
□ No ■ Yes				
2. With Arizona	nin the last 8 years, have you a, California, Idaho, Louisiana,	lived in a community pro Nevada, New Mexico, Pue	perty state or territory? rto Rico, Texas, Washing	(Community property states and territories include ton, and Wisconsin.)
_	Go to line 3. Did your spouse, former spou	use, or legal equivalent live	with you at the time?	
1	■ No			·
Ī	□ Yes.			
	In which community state Stella C. Wagner c/o Schiller DuCanto 100 N. Field Drive, So Lake Forest, IL 6004	uite 160	Wisconsin	. Fill in the name and current address of that person.
	Name of your spouse, former spo Number, Street, City, State & Zip	ouse, or legal equivalent		
in line Form 1 out Co	umn 1, list all of your codebt 2 again as a codebtor only i 106D), Schedule E/F (Official lumn 2. Column 1: Your codebtor	ors. Do not include your s f that person is a guarantc Form 106E/F), or Schedul	or or cosigner. Make sui	your spouse is filing with you. List the person shown re you have listed the creditor on Schedule D (Official i). Use Schedule D, Schedule E/F, or Schedule G to fill Column 2: The creditor to whom you owe the debt
. N	ame, Number, Street, City, State and Zl	± ⊂oñá tarigueli es é y privagge _{re} ligit pé	e registre i di il i i i i i i i i i i i i i i i i	Check all schedules that apply:
	Stella C. Wagner			☐ Schedule D, line
	/o Schiller DuCanto and l 00 N. Field Drive, Suite 1			■ Schedule E/F, line <u>4.20</u>
	ake Forest, IL 60045	U U		Schedule G
				Southridge Limited Partnership

Fill	in this information to ident	lify your ca	se:		1.024						
Del	otor 1 Jam	ies P Wa	gner, Sr.								
	otor 2 ouse, if filing)										
Uni	ted States Bankruptcy Co	urt for the:	EASTERN DISTRICT	OF WISCONSIN		_					
1	se number 20-27842	2-beh		-			Check if				
(,, .,,								ippleme	ent showing	g postpetition llowing date:	
0	fficial Form 106	<u> </u>						/ DD/ Y		nowing date.	
S	chedule I: You	_ ır Inco	ome				*****	, , ,			12/15
sup spo atta	as complete and accurated by the plant of th	on. If you a d and your nis form. C	are married and not filli spouse is not filing wi	ng jointly, and your s ith you, do not includ	pouse le infor	is livi matio	ng with yo n about yo	u, inclu our spo	ude inform ouse. If mo	nation about re space is	your needed,
1.	Fill in your employmer information.	nt		Debtor 1			D	ebtor 2	or non-fil	ing spouse	
	If you have more than o		Employment status	■ Employed] Emplo	oyed		
	attach a separate page with information about additional employers.		Employment status	☐ Not employed	☐ Not employed			☐ Not employed			
	Include part-time, seaso	anal or	Occupation								
	self-employed work.	niai, oi	Employer's name	KA Consulting, L	LC		······································		··		
	Occupation may include or homemaker, if it appli		Employer's address	7245 S. 76th St. Franklin, WI 5313	32						
			How long employed t	here? 1 year							,
Par	t 2; Give Details A	bout Mon	thly Income								
	mate monthly income as use unless you are separa		te you file this form. If	you have nothing to re	port for	any li	ne, write \$0	0 in the	space. Inc	lude your no	n-filing
	u or your non-filing spous e space, attach a separate			ombine the information	for all 6	emplo	yers for tha	at perso	n on the lin	nes below. If	you need
							For Debto	r 1		otor 2 or ng spouse	
2.			y, and commissions (be alculate what the monthl		2.	\$_	2,64	6.20	\$	N/A	
3.	Estimate and list mont	hly overti	me pay.		3.	+\$_		0.00	+\$	N/A	
4.	Calculate gross Incom	e. Add line	e 2 + line 3.		4.	\$_	2,646.	20	\$	N/A	
									-		

Official Form 106I Schedule I: Your Income page 1

Debte	or 1	James P Wagner, Sr.		Case	number (if known)	20-2784	2-beh	
	Сор	by line 4 here	4.	For \$	Debtor 1 2,646.20	For Deb	tor 2 or ig spouse N/A	
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	409.90	\$	N/A	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	N/A	
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	N/A	
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$. N/A	
	5e.	Insurance	5e.	\$	0.00	\$	N/A	
	5f.	Domestic support obligations	5f.	\$	0.00	\$	N/A	
	5g. 5h.	Union dues Other deductions. Specify:	5g.	\$	0.00	\$	N/A	
^			_ 5h	· · ·		+ \$	N/A	
		I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	409.90	\$	N/A	
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	2,236.30	\$	N/A	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total						
		monthly net income.	8a.	\$	0.00	\$	N/A	
	8b.	Interest and dividends	8b.	\$	0.00	\$	N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	N/A	
	8d.	Unemployment compensation	8d.	<u> </u>	0.00	\$	N/A	
	8e.	Social Security	8e.	\$	0.00	\$	N/A	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.00	\$	N/A	
	8g.	Pension or retirement income	_ 8g.	\$	0.00	\$	N/A	
	8h.	Other monthly income. Specify:	_ 8h.+	- \$	0.00	+ \$	N/A	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$	N/A	
10.	Calc	culate monthly income. Add line 7 + line 9.	10. \$		2,236.30 + \$	N	/A = \$ 2	2,236.30
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.			-,200.00	14		-,200.00
11.	Stat Inclu	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a	depen			ed in <i>Sche</i>	dule J. 1. +\$	0.00
	Add Write appl	the amount in the last column of line 10 to the amount in line 11. The rest e that amount on the Summary of Schedules and Statistical Summary of Certain ies	ult is ti n Liab	ne com ilities a	bined monthly ir nd Related <i>Data</i>	, if it	2. \$2	2,236.30
13.	Do y	ou expect an increase or decrease within the year after you file this form? No.	?				monthly	
		Yes. Explain:	******					
	_	•						

Fill	In this information to identify your case:	Karana da				
Deb	James P Wagner, Sr.			Che	eck if this is:	
1	obtor 2		··		An amended filing A supplement show 13 expenses as of t	ing postpetition chapter he following date:
Unit	ited States Bankruptcy Court for the: EASTERN DISTRICT O		MM / DD / YYYY			
Cas						
(If k	known)					
0	fficial Form 106J					
	chedule J: Your Expenses					12/15
infe	as complete and accurate as possible. If two married pormation. If more space is needed, attach another sheat mber (if known). Answer every question.					
Par 1.	It 1: Describe Your Household Is this a joint case?					
	■ No. Go to line 2. ☐ Yes. Does Debtor 2 live in a separate household?					,
	□ No		Tan Canavata Hawas	hold of Do	oton O	
_	Yes. Debtor 2 must file Official Form 106J-2,	expenses i	or separate mouse	riola oi De	otor 2.	
2.	Do you have dependents? ■ No Do not list Debtor 1 and □ ∨oo Fill out this inform	ntion for	Danandantia valati	anabin ta	DanandanAla	Dana danas dant
	Do not list Debtor 1 and Pes. Fill out this inform each dependent		Dependent's relati Debtor 1 or Debtor	r 2	Dependent's age	Does dependent live with you?
	Do not state the dependents names.				print Point Veryon or adultation in the concept and and	□ No
	dependents names.					☐ Yes ☐ No
						Yes
						□ No □ Yes
						□ Yes
						Yes
3.	Do your expenses include expenses of people other than yourself and your dependents?				÷	
Par	t2: Estimate Your Ongoing Monthly Expenses					
Est	timate your expenses as of your bankruptcy filing date penses as of a date after the bankruptcy is filed. If this plicable date.	uniess yo s a suppl	u are using this fo emental Schedule	orm as a s J, check t	upplement in a Cha he box at the top of	pter 13 case to report the form and fill in the
the	lude expenses paid for with non-cash government ass value of such assistance and have included it on <i>Sch</i> efficial Form 106I.)				Your expe	nses
4.	The rental or home ownership expenses for your respayments and any rent for the ground or lot.	idence. Ind	clude first mortgage	4.	\$	0.00
	If not included in line 4:					
	4a. Real estate taxes			4a.	\$	0.00
	4b. Property, homeowner's, or renter's insurance			4b.		0.00
	Home maintenance, repair, and upkeep expenses Homeowner's association or condominium dues				\$	0.00
5.	Additional mortgage payments for your residence, su	ch as hom	e equity loans		\$ \$	0.00
						•

Official Form 106J

Schedule J: Your Expenses

page 1

ebtor 1 <u>Jai</u>	mes P Wagner, Sr.	Case numi	er (if known)	20-27842-beh
. Utilities:				
6a. Ele	ctricity, heat, natural gas	6a.	\$	0.00
6b. Wa	ter, sewer, garbage collection	6b.	\$	0.00
6c. Tel	ephone, cell phone, Internet, satellite, and cable services	6c.	\$	0.00
6d. Oth	er. Specify:	6d.	\$	0.00
. Food and	l housekeeping supplies	7.	\$	300.00
. Childcare	e and children's education costs	8.	\$	0.00
. Clothing,	laundry, and dry cleaning	9.	\$	200.00
0. Personal	care products and services	10.	\$	0.00
1. Medical a	and dental expenses	11.	\$	100.00
2. Transpor	tation. Include gas, maintenance, bus or train fare.			
	clude car payments.	12.		300.00
	ment, clubs, recreation, newspapers, magazines, and b	ooks 13.	\$	0.00
4. Charitabl	e contributions and religious donations	14.	\$	0.00
15. Insurance				
	clude insurance deducted from your pay or included in lines			
	e insurance	15a.		0.00
	alth insurance	15b.	· .	0.00
	nicle insurance	15c.	***************************************	164.00
	er insurance. Specify:	15d.	\$	0.00
	o not include taxes deducted from your pay or included in lin		•	0.00
Specify:	nt or lease payments:	16.	»	0.00
	nt or lease payments: payments for Vehicle 1	17a.	¢	838.00
	payments for Vehicle 2	17b.		0.00
	Constitution of the consti	4-	·	
	er. Specify:	17d.		0.00
9 Vous nov	ments of alimony, maintenance, and support that you di	1/0.	Ф	0.00
o. rour pay	from your pay on line 5, Schedule I, Your Income (Offic	ial Form 106I). 18.	\$	0.00
19. Other pay	ments you make to support others who do not live with		\$	0.00
Specify:	,	19.	-	V.VV
	I property expenses not included in lines 4 or 5 of this f	orm or on Schedule I: Yo	ur Income.	
	rtgages on other property	20a.		0.00
20b. Rea	al estate taxes	20b.	\$	0.00
20c. Pro	perty, homeowner's, or renter's insurance	20c.	\$	0.00
20d. Mai	ntenance, repair, and upkeep expenses	20d.	\$	0.00
20e. Hor	neowner's association or condominium dues	20e.	\$	0.00
21. Other: Sp		21.	·	0.00
•	***************************************		· •	, , ,
	your monthly expenses			
	lines 4 through 21.		\$	1,902.00
22b. Copy	line 22 (monthly expenses for Debtor 2), if any, from Officia	al Form 106J-2	\$	
22c. Add I	ine 22a and 22b. The result is your monthly expenses.		\$	1,902.00
3. Calculate	your monthly not income	l		
	your monthly net income. by line 12 (your combined monthly income) from Schedule I.	220	œ.	0.000.00
	by your monthly expenses from line 22c above.	23a. 23b.		2,236.30
23b. Cop	by your monthly expenses from line 220 above.	230.	-\$	1,902.00
23c Sub	stract your monthly expenses from your monthly income.			
	result is your <i>monthly net income</i> .	23c.	\$	334.30
1110	Toodic to your monthly not moonid.	00.[
	xpect an increase or decrease in your expenses within t			
	e, do you expect to finish paying for your car loan within the year or	do you expect your mortgage p	ayment to incre	ease or decrease because of a
	n to the terms of your mortgage?			
■ No.				
☐ Yes.	Explain here:			

^{*} Debtor ordered to pay \$6,600.00 per month, but is not paying same.

Official Form 106J

Schedule J: Your Expenses

Fill in this information to identify you	rcasel			
Debtor 1 James P Wagne				
First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing) First Name	Middle Name	Last Name		
United States Bankruptcy Court for the:	EASTERN DISTRICT	OF WISCONSIN		
Case number 20-27842-beh				
(if known)			-	heck if this is an mended filing
Official Form 106Dec				
Declaration About	an Individua	l Debtor's Sc	hedules	12/15
years, or both. 18 U.S.C. §§ 152, 1341	1519, and 3571.			
Did you pay or agree to pay son	neone who is NOT an att	orney to help you fill out b	ankruptcy forms?	
■ No				
Yes. Name of person			Attach Bankruptcy Petitic Declaration, and Signatu	
Under penalty of perjury, I declar that they are true and correct.	e that I have read the su	mmary and schedules filed	d with this declaration and	
x		Х		
James P Wagner, St. Signature of Debtor 1)	Signature of I	Debtor 2	
Date 12 27 2	0	Date		

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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Fill in this information to identify ye	our case;			
Debtor 1 James P Wagi	ner, Sr.			•
First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing) First Name	Middle Name	Last Name		
United States Bankruptcy Court for th	e: EASTERN DISTRICT OF	WISCONSIN		
Case number 20-27842-beh				
(if known)				theck if this is an mended filing
Official Form 107				
Statement of Financia	I Affairs for Individ	luals Filing for B	ankruptcy	4/16
Be as complete and accurate as po- information. If more space is neede number (if known). Answer every q	ed, attach a separate sheet to t	re filing together, both are this form. On the top of any	equally responsible for sup additional pages, write you	plying correct ir name and case
Part 1: Give Details About Your	Marital Status and Where You	Lived Before		
1. What is your current marital st	atus?			
☐ Married				
Not married				÷ , 1
2. During the last 3 years, have ye	ou lived anywhere other than w	where you live now?		
■ No □ Yes. List all of the places yo	ou lived in the last 3 years. Do no	ot include where you live now	·.	
Debtor 1 Prior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
3. Within the last 8 years, did you states and territories include Arizona,	ever live with a spouse or leg California, Idaho, Louisiana, Nev	al equivalent in a commun vada, New Mexico, Puerto Ri	ity property state or territory co, Texas, Washington and V	/? (Community property visconsin.)
■ No				
☐ Yes. Make sure you fill out \$	Schedule H: Your Codebtors (Of	ficial Form 106H).		
Part 2 Explain the Sources of Y	our Income			
4. Did you have any income from Fill in the total amount of income If you are filing a joint case and y	you received from all jobs and a	ill businesses, including part-	time activities.	ndar years?
□ No				
Yes. Fill in the details.				
	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
From January 1 of current year untithe date you filed for bankruptcy:	til ☐ Wages, commissions, bonuses, tips	\$29,106.00	☐ Wages, commissions, bonuses, tips	
	Operating a business		☐ Operating a business	

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 1

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Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 2

Page 30 of 38

Case number (if known)

20-27842-beh

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 3

Debtor 1 James P Wagner, Sr.

Deb	otor 1 James P Wagner, Sr.	Case number	er (if known)	20-27842-	beh
12.	Within 1 year before you filed for bankruptcy court-appointed receiver, a custodian, or an	y, was any of your property in the possession of a other official?	n assignee	for the ben	efit of creditors, a
	■ No □ Yes				.*
Par	List Certain Gifts and Contributions				
13.	· ·	cy, did you give any gifts with a total value of more	than \$600	per person	?
	■ No □ Yes. Fill in the details for each gift.				
	Gifts with a total value of more than \$600 per person	Describe the giffs	Dates the gif	you gave ts	Value
	Person to Whom You Gave the Gift and Address:				
14.	Within 2 years before you filed for bankrupto ■ No	cy, did you give any gifts or contributions with a to	otal value c	of more than	\$600 to any charity?
	☐ Yes. Fill in the details for each gift or contr	ibution.			
	Gifts or contributions to charities that total more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code)	Describe what you contributed	Dates contri		Value
		and the state of t			
Fair	t 6 List Certain Losses				
15.	Within 1 year before you filed for bankruptcy or gambling?	y or since you filed for bankruptcy, did you lose ar	nything bed	cause of the	ft, fire, other disaster,
	■ No				
	Yes. Fill in the details.				
	how the loss occurred Inc	scribe any insurance coverage for the loss clude the amount that insurance has paid. List pending urance claims on line 33 of Schedule A/B: Property.	laaa	f your	Value of property lost
Par	t7: List Certain Payments or Transfers				
16.	consulted about seeking bankruptcy or pre-	y, did you or anyone else acting on your behalf pay paring a bankruptcy petition? arers, or credit counseling agencies for services requi		• • •	erty to anyone you
	□ No				
	Yes. Fill in the details.				
	Person Who Was Paid Address Email or website address	Description and value of any property transferred		ayment isfer was	Amount of payment
	Person Who Made the Payment, if Not You		^ (150년년)		
	Jonathan V. Goodman, Esq. 500 E. Lakeview Ave Whitefish Bay, WI 53217		Nove 2020	mber	\$1,500.00
	Within 1 year before you filed for bankruptcy promised to help you deal with your creditor Do not include any payment or transfer that you		/ or transfe	er any prope	erty to anyone who
	■ No				
	Yes. Fill in the details.				
	Person Who Was Paid Address	Description and value of any property transferred		ayment isfer was	Amount of payment
		cy, did you sell, trade, or otherwise transfer any pr ent of Financial Affairs for Individuals Filing for Bankrupto		nyone, othe	er than property page 4

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Best Case Bankruptcy

Debtor 1

Official Form 107

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James P Wagner, Sr.

Case number (if known) 20-27842-beh

page 5

Case number (if known) 20-27842-beh

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Official Form 107

Debtor 1

James P Wagner, Sr.

page 6

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Business Name Address (Number, Street, City, State and ZIP Code) Describe the nature of the business Name of accountant or bookkeeper	100 - N <u>A</u> 11 A 15					
Address	v.a 1022 - 11 - 12 - 14	•				
		Employer Identification number Do not include Social Security number or ITIN.				
	Dates bu	siness existed				
Dr. Wagner's Southridge Optical, Optometry business	EIN:	81-0571047				
LLC 5300 S. 76th Street, #690 Greendale, WI 53129	From-To	December 2002 to December 201				
T-Vision USA, LLC Developed an algorithm related to	EIN:					
5300 S. 76th Street eyecare #690 Greendale, WI 53129	From-To	June 2014 to December 2019 -DISSOLVED				
T-Vision/PY SA, LLC Attempting to begin an optometry business in Asuncion, Paraguay	EIN:	TVUA 1652 801				
business in Asuncion, Paraguay	From-To	June 2014 to December 2019 -DISSOLVED				
Name Date Issued Address (Number, Street, City, State and ZIP Code) Part 12: Sign Below						
have read the answers on this Statement of Financial Affairs and any attachments, and	r obtaining m					
are true and correct. I understand that making a false statement, concealing property, or with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 y 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ James P Wagner, Sr. James P Wagner, Sr. Signature of Debtor 2	years, or both					
are true and correct. I understand that making a false statement, concealing property, or with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 y 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ James P Wagner, Sr. James P Wagner, Sr. Signature of Debtor 1	years, or both					
are true and correct. I understand that making a false statement, concealing property, or with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 y 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ James P Wagner, Sr. James P Wagner, Sr. Signature of Debtor 2	years, or both					
are true and correct. I understand that making a false statement, concealing property, or with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 y 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ James P Wagner, Sr. James P Wagner, Sr. Signature of Debtor 2 Signature of Debtor 1 Date December 27, 2020 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals File No						
are true and correct. I understand that making a false statement, concealing property, or with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 y 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ James P Wagner, Sr. James P Wagner, Sr. Signature of Debtor 1 Date December 27, 2020 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Fine No Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankrup	iling for Bankr					
are true and correct. I understand that making a false statement, concealing property, or with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 yr 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ James P Wagner, Sr. James P Wagner, Sr. Signature of Debtor 2 Signature of Debtor 2 Date December 27, 2020 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Financial Yes	iling for Bankr	uptcy (Official Form 107)?				

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 7

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3-15,780			swamas ya	Carry St.	eris dan ar u Alfabera	
Filli	n this information to identify your case:					irected in this form and in Form
Deb	tor 1 James P Wagner, Sr.			2A-1St	nbb:	
	tor 2			■ 1. T	here is no pres	umption of abuse
Unit	ed States Bankruptcy Court for the: _Eastern District of V	Visconsin			applies will be n	o determine if a presumption of abuse nade under <i>Chapter 7 Means Test</i>
1	e number 20-27842-beh				,	icial Form 122A-2).
(if kno	wn)					does not apply now because of y service but it could apply later.
				☐ Ch	eck if this is a	n amended filing
Off	<u>icial Form 122A - 1</u>					
Ch	apter 7 Statement of Your Curr	ent Mo	nthly Inc	om	е	12/15
attaci case quali Pari		ich the addition a presumption ion from Presum	nal information of abuse becau	applies	. On the top of a do not have pring	ny additional pages, write your name and marily consumer debts or because of
1.	What is your marital and filing status? Check one only	/-				
	Not married. Fill out Column A, lines 2-11.					
	☐ Married and your spouse is filing with you. Fill out	both Columns	s A and B, lines	2-11.		
	☐ Married and your spouse is NOT filing with you. Y	ou and your	spouse are:			
	\square Living in the same household and are not legali	y separated.	Fill out both Co	olumns	A and B, lines 2	2-11.
	☐ Living separately or are legally separated. Fill ou penalty of perjury that you and your spouse are leg living apart for reasons that do not include evading	gally separated	d under nonbar	nkrupto	v law that appli	es or that you and your spouse are
10 th	Il in the average monthly income that you received from all so of (10A). For example, if you are filing on September 15, the 6-mon e 6 months, add the income for all 6 months and divide the total b souses own the same rental property, put the income from that pro	nth period would by 6. Fill in the re	l be March 1 thro sult, Do not inclu	ugh Aug de any i	gust 31. If the amo	ount of your monthly income varied during ore than once. For example, if both
				Colum		Column B Debtor 2 or non-filing spouse
	Your gross wages, salary, tips, bonuses, overtime, a payroll deductions).		`	\$	2,646.20	\$
3.	Alimony and maintenance payments. Do not include p Column B is filled in.	ayments from	a spouse if	\$	0.00	\$
4.	All amounts from any source which are regularly paid of you or your dependents, including child support. I from an unmarried partner, members of your household, and roommates. Include regular contributions from a spo filled in. Do not include payments you listed on line 3.	nclude regular your depende	r contributions nts, parents,	\$	0.00	\$
5.	Net income from operating a business, profession, o	r farm				
	- 1985년		otor 1			
	Gross receipts (before all deductions)	\$ 0.00				
	Ordinary and necessary operating expenses	-\$ 0.00				
	Net monthly income from a business, profession, or farm	\$	Copy here ->	\$	0.00	\$
6.	Net income from rental and other real property	alandi. Site 🕳 🐍				
			otor 1			
	Gross receipts (before all deductions)	\$ 0.00				
	Ordinary and necessary operating expenses	-\$ 0.00	Canu bana s	¢	0.00	•
	Net monthly income from rental or other real property	\$	Copy here ->	· —	0.00	\$ \$
7.	Interest, dividends, and royalties			\$	0.00	Ψ

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

page 1

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			A		0-1	
			Column A Debtor 1		Column B Debtor 2 o	#145744.060.060.060.060.00
8. Unemployment compensation			\$	0.00	non-filing	spouse
Do not enter the amount if you contend that the am the Social Security Act. Instead, list it here:	ount received was a benef	fit under	*	0.00	***************************************	-
For you	\$ 0.	00				
For your spouse	\$					
 Pension or retirement income. Do not include any benefit under the Social Security Act. 	y amount received that wa	s a	\$	0.00	\$	
10. Income from all other sources not listed above. Do not include any benefits received under the Soc received as a victim of a war crime, a crime against domestic terrorism. If necessary, list other sources total below.	ial Security Act or paymen humanity, or international on a separate page and pu	its or	\$	0.00	. \$	
*			\$	0.00	\$	
Total amounts from separate pages, if any			\$	0.00	\$	
11. Calculate your total current monthly income. Ad each column. Then add the total for Column A to the	d lines 2 through 10 for	\$	2,646.20	+ \$		\$ 2,646.20
		L] [***	Total current monthly
Part 2: Determine Whether the Means Test Appli	es to You					Income
12. Calculate your current monthly income for the y	ear. Follow these steps:					
12a. Copy your total current monthly income from li	ne 11		Сору	y line 11 l	here=>	\$ 2,646.20
				•		
Multiply by 12 (the number of months in a year	·)					x 12
12b. The result is your annual income for this part of	of the form				12b	\$31,754.40
13. Calculate the median family income that applies	to you. Follow these step	os:			,	
Fill in the state in which you live.	WI					
Fill in the number of people in your household.	1					54660
Fill in the median family income for your state and s	ize of household.				13.	s 49,555.00
To find a list of applicable median income amounts, for this form. This list may also be available at the b	go online using the link sp	pecified i	n the separa	ite instruc	tions	
14. How do the lines compare?						
14a. Line 12b is less than or equal to line 13	3. On the top of page 1, ch	eck box	1, There is r	no presum	ption of abus	e.
14b. Line 12b is more than line 13. On the to Go to Part 3 and fill out Form 122A-2.	op of page 1, check box 2,	The pre	sumption of	abuse is	determined by	y Form 122A-2.
Part 3: Sign Below						1
By signing here, I declare under penalty of per	jury that the information or	this sta	tement and i	in any atta	chments is tr	ue and correct.
X						
James P Wagner, Sr.						
Signature of Deptor 1 Date 12 27 2000 MM / DD / YYYY						
If you checked line 14a, do NOT fill out or file F						
	Form 122A-2.					

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

page 2

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United States Bankruptcy Court Eastern District of Wisconsin

In re	James P Wagner, Sr.		Case No.	20-27842-beh
	De	btor(s)	Chapter	7
	DISCLOSURE OF COMPENSATION	OF ATTORNEY	OR DE	BTOR(S)
	Pursuant to 11 U .S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify the compensation paid to me within one year before the filing of the petitic be rendered on behalf of the debtor(s) in contemplation of or in connection.	on in bankruptcy, or agreed tion with the bankruptcy c	to be paid t	o me, for services rendered or to
	For legal services, I have agreed to accept	\$		2,500.00
	Prior to the filing of this statement I have received	\$		1,500.00
	Balance Due	\$	*****	1,000.00
2.	The source of the compensation paid to me was:			
	■ Debtor □ Other (specify):			
3.	The source of compensation to be paid to me is:			
	■ Debtor □ Other (specify):			
4.	■ I have not agreed to share the above-disclosed compensation with a	any other person unless the	y are memb	ers and associates of my law firm.
	☐ I have agreed to share the above-disclosed compensation with a pecopy of the agreement, together with a list of the names of the peop	rson or persons who are no ole sharing in the compensa	t members o	or associates of my law firm. A hed.
5.	In return for the above-disclosed fee, I have agreed to render legal serv	vice for all aspects of the ba	nkruptcy ca	se, including:
	 a. Analysis of the debtor's financial situation, and rendering advice to b. Preparation and filing of any petition, schedules, statement of affair c. Representation of the debtor at the meeting of creditors and confirm d. [Other provisions as needed] Negotiations with secured creditors to reduce to ma reaffirmation agreements and applications as neede 522(f)(2)(A) for avoidance of liens on household goo 	s and plan which may be re nation hearing, and any adj rket value; exemption d; preparation and filin	quired; ourned heari olanning: 1	ngs thereof;
6.	By agreement with the debtor(s), the above-disclosed fee does not inclu Representation of the debtors in any dischargeabilit any other adversary proceeding.	nde the following service: y actions, judicial lien a	ıvoidance:	s, relief from stay actions or
	CERTIFIC	ATION		
this b	I certify that the foregoing is a complete statement of any agreement or pankruptcy proceeding.	arrangement for payment	7	presentation of the debtor(s) in
D	Sign	nature of Attorney		
	Lav	v Offices of Jonathan \	'. Goodma	n
		E Lakeview Avenue itefish Bay, WI 53217		
	414	-460-0210		
		athanvgoodman@gma ne of law firm	I.com	
	11077	· J · · · · · · J · · · · · · · · ·		